



P.O. Box 2619 * Hagerstown, MD 21741-2619
301-791-9025 Voice * 301-791-9020 TDD * 301-791-7456 Fax * deafnet@deafnetmd.org

January 1, 2020

To All Clients:

Deafnet Association, Inc. is a private non-profit organization that aims to provide quality interpreting services to improve communication between the Deaf, Hard of Hearing and Hearing communities. We have interpreters available Twenty Four hours a day, Seven days a week for a variety of settings including, but not limited to, community events, counseling sessions, educational activities, employment interviews, meetings, legal settings, medical appointments, religious ceremonies, and personal appointments.

To request interpreting services, please contact our office Monday through Friday 8:00am to 4:30pm at **301-791-9025**. After hours, you may still contact us to schedule an assignment, however, you may receive an answering machine which you will be able to leave a message or contact us on the next business day. If you need an interpreter in an **EMERGENCY ONLY**, and **our office is closed**, you may contact our alternate number at **(240) 675-0086** and your call will be returned in a timely manner.

Please assist the scheduler with the following information so that we may better assist you in finding an available interpreter:

1. Date of Assignment
2. Start Time and Ending Time
3. Location of assignment
4. Type of Interpreting (counseling, school, meeting, Dr's appointment, etc.)
5. Name, Telephone, and Fax Number of the requestor and contact person.
6. Name of Client in need of Interpreting Services

With your request, you will be sent a Fee Schedule along with an agreement via facsimile. The agreement needs to be filled out completely and signed by an authorized representative from your organization. **IF THE COMPLETED AGREEMENT IS NOT RETURNED VIA FACISIMILE, MAIL, OR EMAIL TO OUR OFFICE PRIOR TO THE ASSIGNMENT, YOU MAY NOT RECEIVE AN INTERPRETER FOR THE REQUESTED DATE(S).**

Please review our fee schedule carefully. The scheduler should inform you of fees that will be applicable for the assignment requested, however, fees are subject to change. With the agreement you are giving us the authorization to schedule an interpreter with full knowledge of our fees and will be responsible for full payment of the assignment requested for the date(s) provided on the agreement.

If you have any questions concerning the fee schedule, you may contact our office at (301) 791-9025.



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AGREEMENT

This is an agreement between Deafnet Association, Inc. and _____ who has requested Deafnet to supply Sign Language Interpreting Services for the dates provided below. Please provide us with the requested information followed by an authorized signature and date. By signing this agreement, you are acknowledging receipt of our current fee schedule dated January 1, 2020, and you are agreeing to our terms and conditions pertaining to our services. You also acknowledge that you represent your agency/organization in billing matters. **YOU ARE TO EMAIL OR FAX THIS AGREEMENT BACK TO OUR OFFICE PRIOR TO THE REQUESTED DATE(S) SO THAT WE MAY ATTEMPT TO FIND AN AVAILABLE INTERPRETER. AN INTERPRETER MAY NOT BE SCHEDULED IF WE DO NOT HAVE THIS AGREEMENT.** In the event of collection, all costs involved including attorney fees will be paid by your agency/organization. Please retain a copy of this agreement for your records. **FACSIMILE AND EMAIL COPY WILL BE VALID AS AN ORIGINAL.**

Agency/Organization Name: _____

Attention (Billing Contact Person): _____

Billing Address: _____

Email Address: _____

Assignment Date: _____

Assignment Time Start: _____ Expected Finish: _____

Assignment Location: _____

Client(s) Name: _____

Type of Interpreting __ ASL __ PSE __ SEE __ Tactile __ CUED

Interpreter Needed for: _____ (Meeting, Training, Medical Appt., ETC.)

Print Name

Date

Title

Phone Number

Signature

Fax Number /Email